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09-12-03

2837
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TRANSMITTAL FORM

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Total Number of Pages in This Submission

1

Application Number	09/802,499
Filing Date	March 9, 2001
First Named Inventor	Kenichi NISHIDA et al.
Art Unit	2837
Examiner Name	David S. Warren

Attorney Docket Number 393032023000

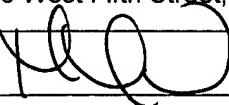
ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postcard
Remarks		

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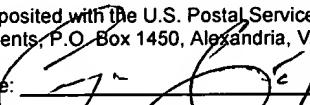
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Mehran Arjomand - 48,231 MORRISON & FOERSTER LLP 555 West Fifth Street, Los Angeles, CA 90013
Signature	
Date	September 11, 2003

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FEE TRANSMITTAL

for FY 2003

Effective 01/01/2003, Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 410.00)

Complete if Known

Application Number	09/802,499
Filing Date	March 9, 2001
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Art Unit	2837
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METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)			
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None	
<input checked="" type="checkbox"/> Deposit Account					
Deposit Account Number		03-1952			
Deposit Account Name		Morrison & Foerster LLP			
The Director is hereby authorized to: (check all that apply)					
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<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application					
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FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity	Small Entity				
Fee Code (\$)	Fee Code (\$)	Fee	Fee	Fee Description	Fee Paid
1001	2001	750	375	Utility filing fee	
1002	2002	330	165	Design filing fee	
1003	2003	520	260	Plant filing fee	
1004	2004	750	375	Reissue filing fee	
1005	2005	160	80	Provisional filing fee	
SUBTOTAL (1)		(\$)		0.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
Total Claims	Independent Claims	Extra Claims	Fee from below	Fee Paid	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	=
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	=
Multiple Dependent					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	=
Large Entity	Small Entity				
Fee Code (\$)	Fee Code (\$)	Fee	Fee	Fee Description	Fee Paid
1202	2202	18	9	Claims in excess of 20	
1201	2201	84	42	Independent claims in excess of 3	
1203	2203	280	140	Multiple dependent claim, if not paid	
1204	2204	84	42	** Reissue independent claims over original patent	
1205	2205	18	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		(\$)		0.00	
**or number previously paid, if greater; For Reissues, see above					
*Reduced by Basic Filing Fee Paid					
SUBTOTAL (3) (\$ 410.00)					

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Mehran Arjomand	Registration No. (Attorney/Agent)	48,231	Telephone (213) 892-5630
Signature				Date September 11, 2003

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